

| | |
|------------------------|-----|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Shell Oil Company
Address
P.O. Box 1509 Midland, Texas 79702

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
Abandon Blinbry & Open Glorieta

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|---|-----------|
| Lease Name Shell State A | Well No. 7 | Pool Name, including Formation Hobbs Glorieta | Kind of Lease State, Federal or Fee State | Lease No. |
| Location Unit Letter <u>H</u> ; <u>1930</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>32</u> Township <u>18 S</u> Range <u>38 E</u> , NMPM, <u>Lea</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | |
|--|--|------------|-----------------|--------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Corporation | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910 Midland, Texas 79702 | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company | Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Ave, Odessa, Texas 79762 | | | |
| If well produces oil or liquids, give location of tanks. | Unit G | Sec. 32 | Twp. 18S | Rge. 38 E |
| | Is gas actually connected? YES | | When 3-01-79 | |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

| | | | | | | | | |
|---|--|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|--|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input checked="" type="checkbox"/> |
| Date Spudded PB 2-26-79 | Date Compl. Ready to Prod. 3-01-79 | Total Depth 7020' | P.B.T.D. 5615' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3646' DF | Name of Producing Formation Glorieta | Top Oil/Gas Pay 5325' | Tubing Depth 5403' | | | | | |
| Perforations 5325', 5234', 5245', 5255', 5265' | | | | | | | | Depth Casing Shoe -- |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|--|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| No Change from original completion report except: Set CIBP @ 5615' and capped w/1 sx cmt. | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

| | | | |
|--|-------------------------|--|------------------|
| Date First New Oil Run To Tanks 3-01-79 | Date of Test 3-09-79 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hrs. | Tubing Pressure 35 | Casing Pressure 35 | Choke Size -- |
| Actual Prod. During Test | Oil-Bbls. 70 | Water-Bbls. 190 | Gas-MCF 20 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J.E. Sullivan
(Signature)
Senior Engineering Technician
(Title)
5-03-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John W. Runyan
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions. This form must be filed for each pool in multiple completions.